READ THIS FIRST

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY. YOUR APPLICATION WILL NOT BE ACTED UPON UNTIL ALL QUESTIONS HAVE BEEN ANSWERED AND ALL DOCUMENTS RECEIVED.

1. Applicant Information Sheets No. 1 and No. 2

Read both Applicant Information Sheets. Sign and return one (1) copy of Sheet No. 1. You may retain Sheet No. 2 and the second copy of Sheet No. 1.

2. Personal History Statement

Type or print carefully. USE BLACK TYPEWRITER RIBBON OR BLACK INK. Complete and return only one copy. It must be signed and witnessed. The other copy may be used as a worksheet and retained for your own records.

3. Appendix 1 to the Personal History Statement

Read Appendix 1 carefully and return **signed and witnessed.** If you are married, Appendix 1 is also to be read by your spouse and **signed and witnessed** in the section provided.

4. Medical Record (Form 2223)

- a. This form is to be completed by you. You have the option, however, of:
 - Completing it now, enclosing in the envelope provided marked "Privileged Medical Information," sealing and submitting it with your other application papers; or
 - 2. Completing it at the time of subsequent medical examination.

Completing the form now may mean a saving in processing time and thus be to your personal advantage, particularly if there is any question concerning physical qualifications that must be resolved.

- b. If you desire to complete the form now, proceed as follows:
 - 1. Answer all items
 - 2. Each item checked in Section 6 requires explanation of the following points on the reverse side of the form:
 - a. Age when occurred
 - b. Exact diagnosis if knownc. Type of treatment

 - Name and address of physician who treated
 Remaining defects
 - 3. If you have ever been hospitalized for a psychiatric or emotional problem or if you have ever consulted a psychiatrist or psychologist for any reason other than vocational counseling, provide a complete and detailed report in your own words covering such hospitalization or consultation. Use the reverse side of the form. If additional space is needed, use a continuation sheet, sign it and attach to the form.
 - 4. If you are presently under the care of a physician for other than a minor ailment, attach a statement from this physician describing the condition.

5. Photographs

Płease furnish three (3) passport-size photographs (head and shoulders view 2ቱ" X 2ቱ" minimum size). On the back of each photograph, indicate date taken and print your name.

6. College Transcript

If you have not been instructed otherwise, please include one (1) copy of your college transcript (including graduate work, if appropriate). If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D. C. 20505

Applicant Information Sheet No. 1

To all persons applying for employment with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

General Considerations:

- 1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:
 - a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
 - b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
 - c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
 - d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
 - e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "Clearance" of an applicant.

- 2. This comprehensive review may result in a determination that an applicant is not acceptable under the special employment criteria of the Agency. Frequently, such determination would not be the result of any single event or element in the applicant's personal background or qualifications but would reflect the composite results of the several evaluations involved. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.
- 3. It should be understood by each applicant that appointments are extremely competitive and that not everyone who is investigated is finally employed. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. An offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not appointed.

Statement of Understanding and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

(S	ignature	of A	pplicar	ıt)

Approved Eer Release 2003/01/08: GL-RDP79-086324000190070010-2

WASHINGTON, D. C. 20505

Applicant Information Sheet No. 2

- 1. In accordance with its special national responsibilities, the Central Intelligence Agency is obliged to judge carefully the suitability of each person selected for employment in the Agency. To assist in this determination, an extensive investigation, which includes a polygraph interview, is conducted with regard to the loyalty, background, and character of applicants under consideration for employment with the Agency. This investigation includes, but is not limited to, inquiries concerning:
 - a. professional competence
 - b. any behavior, activities or associations which tend to show that the individual is of questionable character, discretion, integrity or trustworthiness
 - c. any deliberate misrepresentations, falsifications, or omission of material facts
 - d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants to excess, drug addiction, or sexual perversion
 - e. physical fitness
 - f. an adjudication of insanity, serious mental illnesses, neurological disorders, or emotional instability
 - g. any facts which furnish reason to believe that the individual may be subjected to coercion, influence, or pressure which may cause him to act contrary to the best interests of the national security
 - h. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting, another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition
 - i. establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist,

- Approved For Release 2002/01/08: CIA-RDP79-00632A000100070010-2 or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means
- j. advocacy of use of force or violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means
- k. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means
- 1. intentional, unauthorized disclosure to any person of security information, or of other information, disclosure of which is prohibited by law, or willful violation or disregard of security regulations
- m. performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States
- 2. In considering applicants for employment, Central Intelligence Agency standards oblige strict interpretation of the above and other factors involved in selecting employees. In the event an applicant is in doubt as to whether anything in his background may disqualify him, he is at liberty to consult a Security, Medical or Personnel Officer of the Agency and discuss the matter in strict confidence before proceeding with his application.

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2 PERSONAL HISTORY STATEMENT

INSTRUCTIONS

-DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-

- 1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
- 2. Type or pant carefully-USE BLACK TYPEWRITER RIBBON OR BLACK INK.
- 3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
- 4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
- 5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

SECTION I	GENERAL PERS	ONAL AND PHYSICAL DA	ATA	· 			
1. Full Name (Last-first-middle)		2. Age 3. Sex	4. Social seco	rity number			
			Male Female				
5. Nicknames	6.	Other names you have used					
7. Indicate circumstances (including length	of time) under which you have t	u have used the names noted in item 6 above					
8. If legal change of name, give particula	rs (Where and by what authority	.)					
	io (vinoro ano a) milar demoni,	,					
9. Height 10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	l. Build			
9. Height 10. Weight 15. Scars (Type and location)							
15. Scars (Type and location)		16. Other distinguishing	ng physical features				
1							
17. Current address (No., Street, City, State	& ZIP code—country if not U.S.)	18. Current phone number	19. Long distance area code			
				2.34			
20. Permanent address (No., Street, City, St	tate & ZIP code — country if not L	i.s.)	21. Permanent phone number	22. Long distance			
,	,		211 Tomation phone nomes	area code			
23. Office phone number	24. Office extension	25. tegal residence (S	tate, territory or country)	L			
SECTION II	POS	ITION DATA					
1. Indicate the type of work or position for	which you are applying						
2. Indicate the lowest annual entrance salar	ry you will accept	3. Dates available fo	r employment				
4. Indicate your willingness to travel		Earliest:	Latest:				
Indicate your willingness to travel Occasionally Other (Spec	x;6,ı).		ngness to accept assignment in the follow	ving locations—check			
Occasionally Other (Spec	,,,	(X) each item app Washington, D.C.	Outside continental U.S.				
Constantly		Anywhere in U.S.	Certain locations only (Specify):				
Occasionally Frequently Constantly 6. Indicate any restrictions you would place		Justinia in 0.3	Certain locations only (Specify):				
The second process of	on assignments outside the Was	hington D.C. greg					
•	on assignments outside the Was	hington, D.C. area					
	on assignments outside the Was	hington, D.C. area					
	on assignments outside the Was	hington, D.C. area		,			
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(For Office Use Only)	on assignments outside the Was	hington, D.C. area	Date of this appli	cation			
	on assignments outside the Was	hington, D.C. area	Date of this appli	cation			
(For Office Use Only)		hington, D.C. area 11/08 : CIA-RDP79-006		cation			

SEC	CTION III Appr	oved For Relea	ase 2002/Q	OWNERSH	PRDP79-006	32A00	010007001	0-2	
	1. Date of birth	2. Place of birth (City,	State, Country)				3. Present citizer	ship (Count	ry)
	4. Citizenship Birth acquired by:	Marriage			5. Date naturalized		6. Naturalizatio	n certificate	number
	7. Court issuing naturalization ce	(Specify): ortificate			B. Issued at (City, Sta	ite, Country)			
IР	9. If alien, give alien registration	n number		11	Date and place of	arrival in U	.S.		
CITIZENSHIP	11. Have you held previous nation	ality?		12. If yes, give name of country					
ITIZ	13. Give particulars concerning pr	evious nationalities							
**									
								г 	
	14. Last U.S. visa (Number, type,	place of issue)						15. Date v	risa issued
SE	CTION IV			EDUCATIO					
			1	MENTARY SC	HOOL				
	Name of elementary school,		Address (City,	State, Country)		۲,	ears attended (Fro	m — to —)	Graduate Yes
									☐ No
			H	IIGH SCHO	OL5				
	1. Name of high school		Address (City,	State, Country)		Υ	ears attended (Fro	m — to —)	Graduate
									Yes No
	2. Name of high school		Address (City,	State, Country)		Y	ears attended (Fro	m - to -)	Graduate
									Yes No
			COLLEGE	OR UNIVER	SITY STUDY				
	Name and location of coll	ege or university	Sub		Years attended From— to—	Degree Receive		Grade o	r Number of Sem./Qtr.
	1.	-	Major	Minor	From— to—	Keceive	d Received	Average	Hours (Specify)
Z									
EDUCATIO	2.								
DNC	3.	· 							
ш	.								
	4. If a graduate degree has been	noted above which requ	ired submission o	f a written thes	is, indicate the title o	f the thesis c	and briefly describe	its content.	
		TRAC	DE, COMMERC	IAL AND SE	PECIALIZED SCHO	OCLS			
		iddress of school		Stud	y or specialization		From	То	No. of months
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	2.			• ·					
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		List below any for	reign region:	s or count	ries in which you hav	ve traveled or gained kno	owledge as a result of reside			nment. Ir	dicate
		type of knowledg	e such as te	rrain, ha	rbors, industries, uti	lities, railroads, politica	il parties, etc.				
	1.	***************************************						Know	ledge acqui	red by — Che	ck (X)
		Name of Regio	on	Тур	pe of Specialized	Dates of Travel	Dates & Place		1		Work
GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL		or Country			Knowledge	or Residence	of Study	Resi-	Travel	Study	Assign-
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		United States Passp	ort Number &	Expiration							
SE	CTI	ON VII			TYPING	AND STENOGRAPH	IIC SKILLS				
	1.	Typing (WPM)	2. Shorthan	d (WPM)	3. Indicate shorthand	system used—check (X) app	propriate item: Other_				
ōΘ					Gregg	Speedwriting	Stenotype Specify:				
듩폷	4.	Indicate other busin	ess machines v	vith which	you have had operating	g experience or training (co	mptometer, mimeograph, card p	unch. etc.)			
TYPING							,,				
SF	CTI	ON VIII			SPF	CIAL QUALIFICATI	ONS				
72				L	·						
	۱ <i>۰</i>	LISI OII HODDIES ONG	sports in whic	n you are	active or nave actively	participated. Indicate your	pronciency in each.				
						· · · · · · · · · · · · · · · · · · ·					
	2.	Indicate any special	l qualification	resulting	from experience or train	ning which might fit you for	a particular position or type of	work.			
2	3.	Excluding business e	equipment or	machines v	which you may have list	ed in Item 4, section VII, lis	t any special skills you possess r	elating to oth	er equipmen	t and machin	
Z		as operation of radi	io transmitters	(indicate (CW speed, sending & re	sceiving), offset press, turret	lathe, EDP and other scientific	& professiona	l devices.	i ana matnii	ies such
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A		4								7 V	
2	4.	lawyer, CPA, medica	e you ever bed al technicion :	on a licens	ed or certified member :	of any trade or profession s	uch as pilot, electrician, radio o	perator, teacl	¹er, ▶⊨	Yes	
SPECIAL QUALIFICATION	_	·								_ No	
4	3.	(Provide license regi	a "Tes" to Iter istry number, i	n 4 above, f known)	, indicate kind of licens	e or certification and the iss	uing State, municipality, etc.	6. First Lice	nse/Certifica	te (year of i	ssue)
2		-	,	·							
0								7. Latest Li	cense/Certific	ate (year of	issue)
ΑI											
IJ	8.	List any significant p	ublished mate	rials of whi	ich you are the author (do NOT submit copies unless	requested). Indicate the title, p	ublication de	ite, and type	of writing (n	on-
PE		fiction or scientific a	rticles, genera	l'interest s	ubjects, novels, short sto	ories, etc.)					
S											
	9.	Indicate any devices	which you ha	ve invente	d and state whether or	not they are patented.					
		-				, p					
	10.	List public speaking	and public re	lations exp	perience.						
	11.	List any honorary ass	sociations or se	ocieties of	which you are now or "	vere formerly a member 11	st academic honors you have rec	alvad	·		
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			TARY SERVICE		
Are you realstered for the Draft under	the Uni		2. Selective Service classification	2 16 defensed -!	
versal Military Training & Service amended?		Yes No	2. Selective service classification	3. If deferred, give rea	
4. Local Selective Service Board Numbe	er and Address			•	
		MILITAR	Y SERVICE RECORD		
Complete the following items f	or current and/or		military service with the Army, I	Navy, Air Force, Marine Corp	s, Coast Guard, Merch
Marine, National Guard, Air N and organization in item 1 bel		r foreign (non-U	.5.) military organization. For fo	reign military organization	, specify both nations
1. Military organization (Army, Na		2. Branch or Co	orps 3. Dates of s	ervice (extended active duty)	
			From —	To-	
4. Status (Regular, Reserve, etc. —	5. Rank, grade or	r rate (at separa-	6. Serial, service or file number	7. Type of separation from	
specify)	tion if past serv	vice)		active duty (insert numbe type which applies—see list below)	r far
8 Brief description of military dutie	as (record the duties	and skills which h	 pest describe your work or function in t	·	
1. Military organization (Army, Nav	vy, etc.—specify)	2. Branch or Co	rps 3. Dates of s	ervice (extended active duty)	
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Brief description of military dution 2)	01				·
Types of separation from	1 — Honorable di	scharge	4 — Retirement for service	7 — Undue hardshij	
Types of separation from active duty—record applicable number in	1 — Honorable di 2 — Release to inc	active duty	5 — Retirement for combat disabilit	— Other—specify i	
Types of separation from active duty—record	1 — Honorable di 2 — Release to inc 3 — Retirement fo	active duty r age	5 — Retirement for combat disabilit 6 — Retirement for physical disabili	y — Other — specify i ty item 7 in lieu of number	
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Types of separation from active duty—record applicable number in item(s) 7 above Complete the following items if member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which	1 — Honorable di 2 — Release to int 3 — Retirement fo MILITAR	active duty rage Y RESERVE, N	5 — Retirement for combat disabilit 6 — Retirement for physical disabilit ATIONAL GUARD & R.O.T.C. (2) you are a member of the Nation	y — Other—specify i ty item 7 in lieu of number	n
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Types of separation from active duty—record applicable number in item(s) 7 above Complete the following items if member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category	1 — Honorable di 2 — Release to inc 3 — Retirement fo MILITAR f(1) you now have Army Navy	Marine Corp. Air Force 2. Date of appoints Reserve St.	5 — Retirement for combat disabilit 6 — Retirement for physical disabilit ATIONAL GUARD & R.O.T.C. (2) you are a member of the Nation National Guard Air Nat'l Guard intment in current rank andby (active) Standby (inac	y — Other—specify i item 7 in lieu of number STATUS nal Guard or Air National Guard Army ROTC 3. Expiration date of cur reserve obligation	vard, or (3) you are a Navy ROTC Air Force ROTC
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Types of separation from active duty—record applicable number in item(s) 7 above Complete the following items it member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category	1 — Honorable di 2 — Release to inc 3 — Retirement fo MILITAR f(1) you now have Army Navy	Marine Corp. Air Force 2. Date of appoints Reserve St.	5 — Retirement for combat disabilit 6 — Retirement for physical disabilit ATIONAL GUARD & R.O.T.C. (2) you are a member of the Nation National Guard Air Nat'l Guard intment in current rank andby (active) Standby (inac	y — Other—specify i item 7 in lieu of number STATUS nal Guard or Air National Guard Army ROTC 3. Expiration date of cur reserve obligation	vard, or (3) you are a Navy ROTC Air Force ROTC
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following items if member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category	1 — Honorable di 2 — Release to inc 3 — Retirement fo MILITAR f(1) you now have Army Navy Ready R duties (record the a	Marine Corp. Air Force 2. Date of appointed and skills white	5 — Retirement for combat disability 6 — Retirement for physical disability ATIONAL GUARD & R.O.T.C. (2) you are a member of the Nation S National Guard Air Nat'l Guard Interest in current rank andby (active) Standby (inaction best describe your work or function	y — Other—specify i item 7 in lieu of number STATUS nal Guard or Air National Guard Army ROTC 3. Expiration date of cur reserve obligation	Navy ROTC Air Force ROTC
Types of separation from active duty—record applicable number in item(s) 7 above Complete the following items if member of the ROTC. Check (X) Reserve, Guard or ROTC organization to which you belong 1. Current rank, grade or rate 4. Check (X) current reserve category 5. Brief description of military reserve 6. If you are currently assigned to a Residentify the unit and its address	1 — Honorable di 2 — Release to ina 3 — Retirement fo MILITAR f(1) you now have Army Navy Ready R duties (record the a	Marine Corp. Air Force 2. Date of appointed and skills white and skills white dispersion of the corp.	5 — Retirement for combat disability 6 — Retirement for physical disability ATIONAL GUARD & R.O.T.C. (2) you are a member of the Nation S National Guard Air Nat'l Guard Interest in current rank andby (active) Standby (inaction best describe your work or function	- Other - specify i item 7 in lieu of number STATUS nal Guard er Air National Guard Army ROTC 3. Expiration date of cur reserve obligation tive) Retired in the military service)	Navy ROTC Air Force ROTC rent

SECTI	ON X Approved For Release 200007000Y	WENT HASRORY79-00632A000100070	110-2								
JEC II	NOTE: LIST LAST POSITION FIRST. Indicate chronological history of for all periods including casual employment and all periods o ment. List all civilian employment by a foreign government, experience carefully and provide meaningful, objective state.	employment for past 15-years, starting with current of f unemployment. Give address and state what you of , regardless of dates. In cempleting item 10, "descr	r most recent position. Account lid during periods of unemploy-								
	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency									
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employmen	nt if other than address noted in item 3								
	5. Kind of business	6. Name of supervisor	Male Female								
(1)	7. Title of job	8. Salary or earnings 9. Class; grade if Federal Service \$ per									
	10. Description of duties										
	11. Reasons for leaving										
	1. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency	100								
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employmen	t if other than address noted in item 3								
4	5. Kind of business	6. Name of supervisor	Male Female								
(2)	7. Title of job	8. Salary or earnings \$ per	9. Class; grade if Federal Service								
(2)	10. Description of duties										
	11. Reasons for leaving										
	1. Inclusive dates (From to by month & year) 2. Name of employing firm or agency										
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employmen	nt if other than address noted in item 3								
	5. Kind of business	6. Name of supervisor	Male Female								
(3)	7. Title of job	8. Salary or earnings	9. Class, grade if Federal Service								
	10. Description of duties	\$per 10. Description of duties									
	11. Reasons for leaving										
	1. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency	***************************************								
	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employmen	nt if other than address noted in item 3								
(4)	5. Kind of business	6. Name of supervisor	Male Female								
	7. Title of job	8. Salary or earnings	9. Class; grade if Federal Service								
	Approved For Release 2002/01/	<u>/08 : CIA-RĎP79-00632Å000100070</u>	010-2								

SE	CTION XI	Appro	oved Fo	r Re	lease 200 2 /	<u> </u>	依然华 DP79-006	32A000100	00700	10-2	
	1. Present status (Si										,
	2. State date, place	, and reason fo	or all separat	ion, div	vorces or annulments						
	., .	•	•	•							
	Wife, husband	•				-	viments) use separate				ta required
	or flance(e)	below for al	i previous	merria	iges. If marriage	contemple	sted, fill in appropriate	information for	flanco(c	o).	
	3. Name of spouse		(Las:	t)		(First)		(Middle)		(Maia	len)
	4 Canada auru aabau a				· · · · · · · · · · · · · · · · · · ·				· · ·		
	4. State any other n	iames ever used	r by spouse								
		· · · · · · · · · · · · · · · · · · ·									
							noted in item 4 above		legal cho	ange, give particula	rs (where
	and by what a	uthority). Us	e extra spo	ice pre	vided on pages 1	5 and 10 (of this form to record th	ils information.			
	5. Date of birth		6. Place of	birth (City, State, Country)					7. Date of marriage	.
£ .	8. Place of marriage (City, State, Country) 9. Living										
S	5. Finds of maintage (Chy, state, Coviny)										
2										Yes Ne	
⋖	10. Citizenship 11. Former citizenship(s) [country(ies)] 12. If alien, give alien registration number										
STATUS											
	13. Date U.S. citizenship acquired 14. Where acquired 15. Date and place of arrival in U.S. 16. Naturalization certificate number										
⊴		Ì									
=	17. Date of death		18. Cause of	death			1		.		
MARITAL	17. Sale of dealin										
Σ											
	19. Current address (Give last address, if deceased) 20. Address of spouse before marriage										
											٠
	21. Occupation			22. Pre	sent employer (Also	give former	employer, or if spouse dec	eased or unemploy	ed, give	last two employers)	
	23. Employer's or bus	inne oddene (Mountain Stan	-1 City	State Country)						
	23. Employers of bus	iness address (i	Number, Stre	er, City	, stare, Country)						
								 -			
	24. Dates of military		,		25. Branch of milit	ary service		26. Counti	y with wh	ich military service affil	iated
	(From — to — b)	y month & year)	,								
	27. Details of other g	overnment servi	ice, U.S. or f	oreign	•						
				-							
					A						
SE	CTION XII					IND OTH	IER DEPENDENTS				
	1. Provide the follow	ving information	n for all child	iren an	d dependents:						
		Name			Relationship	D.	ate & Place of Birth	Citizenship		Address	-
									1		
								- 	<u> </u>		
						1			1		
S									1		
DEPENDENTS							· · · · · · · · · · · · · · · · · · ·				
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9											
				~ ~ ~ ~							
1											
Ω						 		- 	 -	·····	
											
					1	1		1			
								<u> </u>			
	2. No. of children (include stepchil	dren & adop	ted chil	ldren) who are		3. No. of other depend	lents (e.g., spouse	, parents,	stepparents, etc.)	
	ummarried, Unde	i ∡i years of a ∆nnra	iye, and are	r Da	elf-supporting.	h1/08 ·	who depend on you f	or at least 50% of t na.2 ∆ ∩ ∩ ∩ 1 ∩ ∩	meir suppo	ort or children over 70.2	
			<u> </u>		TOOL LUUL	<u>v 1/00 .</u>	~IA-I\DI-T'3-000	<u> </u>	<u>, </u>	10-4	1

CFC	-	Appr		2002/01/08: CIA-RDP79-0063		10-2
		ON XIII	FAIHER (Give same inf	ormation for stepfather and/or guardian on	a separate sheet)	
	١.	Full name (Last — First — Middle)				
	2.	State other names he has used				The state of the s
		Indicate circumstances (incl what authority). Use extra	uding longth of time) under space provided on pages	or which any names in item 2 above were us 15 and 16 of this form to record this inform	ed. If legal change, giv ation.	ve particulars (where and by
	3.	Date of birth	4. Place of birth (City, State,	Country)		5. Living Yes No
	6.	Date of death	7. Cause of death			8. Citizenship (Country)
	9.	Former citizenship(s) [country(le	s)]	10. Date U.S. citizenship acquired	11. Where acquired (Cit	y, State, Country)
1	2.	Naturalization certificate number	er .	13. If alien, give alien registration number	14. Date and place of a	rrival in U.S.
PAIITEK	5.	Current address (Give last addre	ess, if deceased)			Self-Self-Self-Self-Self-Self-Self-Self-
1	6.	Occupation	AASA Jak	17. Present employer (Give last employer if fa	ther deceased or unemploye	ed)
, T	8.	Employer's business address or	father's business address if self-	-employed	e de carrie	
1	9.	Dates of military service (From	— to —)	20. Branch of military service		21. Country with which affiliated
2	22.	Details of other government ser	vice, U.S. or foreign			
SEC	ΓIC	ON XIV	MOTHER (Give	same information for stepmother on a separa	ate sheet)	
	1.	Full name (Last — First — Middle -	-Maiden)			
	2.	State other names she has used	A4441			
		Indicate circumstances (included by what authority). Use ex	uding length of time) under tra space provided on page	which any names noted in Item 2 above wer s 15 and 16 of this form to record this info	e used. If legal change, rmation.	give particulars (where and
	3.	Date of birth	4. Place of birth			5. Living
	6.	Date of death	7. Cause of death		W-2	8. Citizenship (Country)
_	9.	Former citizenship(s) [country(ie	s)]	10. Date U.S. citizenship acquired	11. Where acquired (Cit	y, State, Country)
1	2.	Naturalization certificate number	er .	13. If alien, give alien registration number	14. Date and place of a	rrival in U.S.
1	5.	Current address (Give last addre	ess, if deceased)	- I	<u> </u>	
1	6.	Occupation		17. Present employer (Give last employer if mo	ther deceased or unemploy	ed)
ו	8.	Employer's business address or r	mother's business address if self	-employed		
1	9.	Dates of military service (From -	- to -)	20. Branch of military service		21. Country with which affiliated
2	2.	Details of other government serv	rice, U.S. or foreign			1
		Δnnr	oved For Release	2002/01/08 : CIA-RDP79-0063	32 <u>4000100070</u> 01	10-2
		~hbi	STOW I OF INCIDUSE			· • •

SE	CTIC	ON XV App N	<u>BQ&H¤R&r4NUPe&ISEE</u>	002/04/06	<u> </u>	<u> </u>)10-2	
		1. Full name (Last—First—Midd	lle — Maiden)		2. Relationship	3. Cit	izenship (Country)	
	(1)	4. Date of birth	5. Place of birth (City,	State, Country)	<u> </u>	6. Livi	ing Yes No	
		7. Present employer (Give last a	employer if deceased or unemplo	oyed)	8. Current address (Give last a			
		1. Full name (Last—First—Mida	dle — Maiden)		2. Relationship	3. Cit	izenship (Country)	
	(2)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Liv		
		7. Present employer (Give last	employer if deceased or unemplo	oyed)	8. Current address (Give last a	Yes No		
53		1. Full name (Last—First—Mide	dle — Maiden)		2. Relationship	3. Cit	lizenship (Country)	
SISTERS	(3)	4. Date of birth	5. Place of birth (City,	State, Country)		ing Yes No		
AND S		7. Present employer (Give last	employer if deceased or unemplo	oyed)	8. Current address (Give last o	163 NO		
		1. Full name (Last—First—Mide	dle — Maiden)		2. Relationship	tizenship (Country)		
BROTHERS	(4)	4. Date of birth	5. Place of birth (City,	, State, Country)		6. Liv	_	
BRO		7. Present employer (Give last	employer if deceased or unemplo	oyed)	8. Current address (Give last address, if deceased)			
		1. Full name (Last—First—Mide	dle — Maiden)	·	2. Relationship	tizenship (Country)		
	(5)	4. Date of birth	5. Place of birth (City,	, State, Country)		6. Liv	ring Yes No	
		7. Present employer (Give last	employer if deceased or unemployer	oyed)	8. Current address (Give last o			
		1. Full name (Last—First—Mid	dle — Maiden)	****	2. Relationship	3. Ci	tizenship (Country)	
	(6)	4. Date of birth	5. Place of birth (City	, State, Country	State, Country)		ring Yes No	
		7. Present employer (Give last	employer if deceased or unempl	oyed)	8. Current address (Give last address, if deceased)			
SE	CTI	ON XVI FA	ATHER-IN-LAW (If marri	age contempl	ated, fill in information for fu	iture father-in-law)		
	1.	. Full name (Last—First—Middle)						
	2.	State other names he has used						
1		Indicate circumstances (incl by what authority). Use ex	uding length of time) under ttra space provided on page	which any nar s 15 and 16 o	nes noted in item 2 above wer f this form to record this info	re used. If legal chan ormation.	ge, give particulars (where and	
FATHER-IN-LAW	3	. Date of birth	4. Place of birth				5. Living Yes No	
R-IN	6	. Date of death	7. Cause of death				8. Citizenship (Country)	
ATHE	9.	. Former citizenship(s) [country(le	a)]	10. Date U.S.	citizenship acquired	11. Where acquired (City, State, Country)	
F,	12	. Naturalization certificate number	er	13. If alien, g	ive alien registration number	14. Date and place of	farrival in U.S.	
	15	. Occupation		16. Present en	ployer (Give last employer if fatt	her-in-law deceased or u	nemployed)	
	17	. Current address (Give last addr	ress, if deceased)		* * * * * * * * * * * * * * * * * * *			
(Fo	0	ffice Use Only)	and the second s					

SE	CTI	ON XVII M	ved For Relea	se 20	002/01/08	: CIA-RDP79-00)632A000100	0700	10-2			
JE		Full name (Last - First - Middle -		(If marr	rage contemp	lated, fill in information	tor tuture mother-i	n-law)				
	_		F									
	2.	State other names she has used										
~		Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.										
MOTHER-IN-LAW	3.	Date of birth	4. Place of birth						5. Living Yes No			
ER-II	6.	Date of death	7. Cause of death						8. Citizenship (Country)			
ОТН	9.	Former citizenship(s) [country(le	s)]		10. Date U.S.	citizenship acquired	11. Where a	:quired (City, State, Country)			
W	12.	Naturalization certificate number	er	13. If alien, g	give allen registration numb	per 14. Date and	place o	f arrival in U.S.				
	15. Occupation				16. Present e	mployer (Give last employe	r if mother-in-law dece	ased or	unemployed)			
	17.	Current address (Give last addr	ess, if deceased)									
SEG	CTI	ON XVIII REI	LATIVES BY BLOOK	, MAR	RIAGE OR A	DOPTION WHO EITH	IER (1) LIVE ABR	OAD,				
		1. Name (Last – First – Middle)		CITIZE	:NS OR (S)	2. Relationship	3. Date of birth		ace of birth (City, State, Country)			
	(1) 5. Citizenship (Country) 6. Address or con					in which relative resides						
IGN		7. Employed by			8. Frequency of contact 9. D			ite of last contact				
FORE		1. Name (Last — First — Middle)		2. Relationship	3. Date of birth	4. Plo	ace of birth (City, State, Country)					
RELATIVES WITH FOREIGN CONNECTIONS	(2)	5. Citizenship (Country) 6. Ad			dress or country	in which relative resides						
CON		7. Employed by	-		8. Frequency of contact 9. D			ite of last contact				
RELAI		1. Name (Last — First — Middle)				2. Relationship 3. Date of birth 4.		4. Plo	ace of birth (City, State, Country)			
	(3)	5. Citizenship (Country)	· · · · · · · · · · · · · · · · · · ·	6. Add	dress or country in which relative resides			•				
		7. Employed by	,	•	8. Frequency of contact 9.			9. Do	ite of last contact			
SE	CTI	ON XIX	IVES BY BLOOD, N			PTION WHO ARE IN E UNITED STATES	THE MILITARY O	R CIV	IL			
		1. Name (Last—First—Middle)				2. Relationship	3. Date of birth	4. Pla	ace of birth (City, State, Country)			
VICE	(1)	5. Citizenship (Country)	6. Addre	ss (Numb	er, Street, City,	State, Country)	7. Type and local	tion of se	ervice (If known)			
THE SERVICE TED STATES		1. Name (Last—First—Middle)				2. Relationship	3. Date of birth	4. Plo	ace of birth (City, State, Country)			
ΖŹ	(2)	5. Citizenship (Country)	6. Addre	ss (Numb	er, Street, City,	State, Country)	7. Type and locat	ion of se	rvice (If known)			
RELATIVES OF THE L		1. Name (Last — First — Middle)	st — First — Middle)			2. Relationship	3. Date of birth	4. Pla	ace of birth (City, State, Country)			
RELA OF	(2)			<i>n</i> · ·				<u> </u>				
	(3)	5. Citizenship (Country)	6. Addres	ss (Numbi	er, Street, City,	State, Country)	7. Type and locat	ion of se	rvice (If known)			
For C)Añ	ce Use Only)										
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SEC	TION XX Approved	U/ARe	PLANGES 2019 201681 DEBNICE: 1904R DIFFE 9 4	£7632/4/500 \$00070010-2	
	Include addresses while at school and in m location by city, state, and country.	ilitary se	rvice. If residences in military service cannot be shown	as street addresses, indicate complete milit	tary unit designation and
	Address —	last resi	dence first (number, street, city, state, country)	Inclusiv	e dates (month & year)
				From —	То—
			•		
S					
NCE					
RESIDENCES					
RE					
		···· · · · · · · · · · · · · · · · · ·			
SE.	CTION XXI		REFERENCES		
		1.	List five character references (not relatives) in the U.S.	who know you well	
	Name (Last — First — Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
		, M			
		N F			
		A F	-		
		A F	1		
CES		A			
REFERENCES	List five persons in the U.S. who know persons listed (if possible) should be in	you soci	ally (not relatives, supervisors or employers). If you h	ave resided overseas at any time during th	ne past 15 years, two of the
REF	Name (Last — First — Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
		١	-		
		^			
		,	┥		
		,	1		
		1	<u>A</u>		
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ÇE	Approved For Release CLUBS, S	se 20	02/01/08	: CIA-RDP79-00632A0001000	70010-2				
JL.	NOTE: List names and addresses of all clubs, soci have belonged (include membership in, or sup	ieties, pr	rofessional soc	OTHER ORGANIZATIONS cieties, employee groups or organizations ation having headquarters or branch in a f	of any kind to whi	ich you belong or			
	Name and chapter			ss (Number, Street, City, State, Country)		of membership			
S					(From)	(To)			
ORGANIZATIONS									
VIIZA		-							
ORGA									
SE	CTION XXIII		FINANCIA	L STATUS					
	Are you entirely dependent on your salary? If your answer is "NO" to the above, state sources of other	Yes	☐ No	A Marine Committee of the Committee of t	5.5				
	Name of institution	3. Credit	t references (ba	nking institutions, charge accounts, etc.) Address (City,	, State, Country)				
ANCIAL STATUS									
$\overline{\mathbf{c}}$	4. Have you ever been in, or petitioned for, bankruptcy?	Yes	No						
FINAN	5. If your answer is "YES" to the above, give particulars, including court and date(s)								
	6. Do you receive an annuity from the United States or Distri	ICT OF COLU)Mbia Governme	int under any retirement act, pension, or compens	iation for military or i	naval service?			
	7. If your answer is "YES" to the above question, give comple	ete detail:	15						
	8. Do you have any financial interest in, or official connection interests? Yes No (If answer is '	ons with, "YES", fur	non-U.S. corpore	rations or businesses or with U.S. corporations or because the pace below—Continue on separate sheet, if nece	ousinesses having sub- essary)	stantial foreign			
SE	CTION XXIV	PER	SONAL DE	CLARATIONS					
AI ONS	Do you advocate or have you ever advocated, or are you rewith any political party, individual or organization which violence, or other unconstitutional means, or seeks by force.	now or have advocate ce or violes	eve you ever beer	n a member of, or have you ever supported or bee	tes by force.	Yes No			
PERSONAL DECLARATIONS	2. If you have answered "YES" to the question above, explai		02/01/08	: CIA-RDP79-00632A0001000	070010-2				

		Δnr	proved	For Re	JERSONAN DECLAR	ATIONS HEADTIN 488 3240	00100070010-2					
	3. Do you u	e or have you		Yes	4. If so, to what extent?							
	ever used	intoxicants?		No No								
	5. Do you u	e or have you		Yes	6. If so, to what extent?							
	ever used	narcotics?	Ē	No								
	7. Have you	ever been a membe	er of, or sup	ported, or	had any connections with a fo	reign intelligence organization or its ac	tivities? If answer is "Yes", give complete details:					
	Yes											
	☐ No											
	—							i				
	8. List the n	ames of Government	t departmen	ts, agencie:	or offices to which you have	applied for employment since 1955.						
								ĺ				
Ž												
<u>o</u>												
ΑĪ	9. If to you	knowledge, any of	the above h	have condu	cted an investigation of you, i	ndicate the name of the agency and the	approximate date of the investigation.]				
AR												
5												
Ä	Note S						on requested for each question on a separate,	ı				
_	Instruct	ons sign	ned sheet d	ind attact	the sheet to this form in	a sealed envelope.						
PERSONAL DECLARATIONS	10. Have y	u ever been convi	cted in the	U. S. or	abroad of an offense again	st the law or forfeited collateral, or	are you now under charges Yes	İ				
Ó	for any	offense against the	law? (You	may omit	traffic violations for which y	ou paid a fine of \$30.00 or less.) If	so, state name of court, city,	İ				
RS	Ī				on of case in accordance with							
						al court martial? If so, describe incid						
	,	occurrence on separate sheet in accordance with instructions above. 2. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly										
	12. Are the	e any incidents in	your life desire to	(not mentic explain? I	oned above) which may con f so, describe incident(s) an	ne to light in subsequent investigation d provide date(s) of occurrence(s) on	separate sheet in accordance					
		cial instructions abo			,		No No	Ì				
13. Have you ever been dismissed or asked to resign from any position?												
				-								
	Have yo	left a position und	ler circumsta	nces which	you desire to explain?	Yes No						
	Have yo	left a position und	ler circumsta	nces which		Yes No						
	Have yo	left a position und	ler circumsta	nces which	you desire to explain?	Yes No						
	Have yo	left a position und	ler circumsta	nces which	you desire to explain?	Yes No						
	Have yo	left a position und	ler circumsta	nces which	you desire to explain?	Yes No						
	Have yo	left a position und	ler circumsta	nces which	you desire to explain?	Yes No						
\$E	Have yo	Jeft a position und	ler circumsta	inces which	you desire to explain?	Yes No						
SE	Have yo 14. If your o	p left a position und inswer to either or bo	der circumsta	inces which	you desire to explain?	Yes No	Y 2. Relationship					
SE	Have yo 14. If your o	Jeft a position und	der circumsta	inces which	you desire to explain?	Yes No	- 					
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Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2	
Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.	
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į.	
	(Signature)

Type or print PERSONAL HISTORY SUMMARY carefully—use black ink (For office use only) 1. Full name (Last - First - Middle) 2. Date of birth 3. Place of birth 4. Other names used (Including maiden name) (Last - First - Middle) 5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.) Marital Status 6. Name of spouse (Last-First-Middle-Maiden) 7. Date of birth 8. Place of birth (spouse) 9. Date & place of marriage Citizenship of spouse (If naturalized, indicate date & place of naturalization & 11. Former spouse(s) - full name(s) 12. If divorced, date & place of divorce 13. Complete following for high school; trade, commercial & specialized schools (Exclude military training); colleges & universities: Dates attended (From — To —) Name & address of school Major subject 14. Complete following for last three employment positions or last two years—begin with most recent or current position: Dates employed (From - To -) Name & address of employer 15. Record last three places of residence or places of residence for past two years—begin with most recent or current address: Dates resided (From — To —) Complete address (Number, Street, City, State) 16. Military service organization (Army, Navy, etc. -17. Serial number 18. Rank, grade or rate 19. Dates of service (From - To -) (1) Military 20. Military service organization (Army, Navy, etc. — 21. Serial number 22. Rank, grade or rate 23. Dates of service (From - To -) specify) (2) 24. Father's full name (Last-First-Middle) 25. Date of birth 26. Place of birth (Father) 27. Father's current address (Number, Street, City, State) 28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.) 29. Mother's full name (Last - First - Middle - Maiden) 30. Date of birth 31. Place of birth (Mother)

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33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)

32. Mother's current address (Number, Street, City, State)

Approved For Release 2002/01/08: CIA-RDP79-00632A000100070010-2 PERSONAL HISTORY STATEMENT

INSTRUCTIONS

-DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-

- 1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
- 2. Type or pant carefully USE BLACK TYPEWRITER RIBBON OR BLACK INK.
- 3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
- 4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
- 5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

CE	CTION I		OFNIED AL DES						
JE	1. Full Name (Las	t-first-middle)	GENERAL PER	SONAL AN	D PHYSIC 2. Age	AL DAT	<u>A</u>		
					2. Age		🗆 .	4. Social se	ecurity number
	5. Nicknames		1.	6. Other names	bauaa	^	Male Female		
	o. Menidinos			o. Omer names	you nave usea				
	7. Indicate circum	stances (including len	gth of time) under which you have	e used the same	s noted in item	A above			
		,	g	- 1100 me mamo	• 110104 til 11 4 111	O GEOVE	•		
	8. If legal change	of name, give partic	ulars (Where and by what author	ritv)			······································		
			•						
J.	9. Height	10. Weight	11. Color of eyes	12. Cold	or of hair	1:	3. Type of complexion		14. Build
Α.							,,		
GENERAL	15. Scars (Type and	d location)			16. Other dist	inguishing	physical features		
3E							•		
	17. Current addres	s (No., Street, City, St	ate & ZIP code—country if not U.	.S.)		1	B. Current phone num	ber	19. Long distance
									area code
	20. Permanent add	ress (No., Street, City,	, State & ZIP code—country if not	1 U.S.)		2	1. Permanent phone n	umber	22. Long distance
									area code
	23. Office phone no	umber	24. Office extension		25. Legal resi	dence (Stat	e, territory or country)		
) SE	CTION II	··		DSITION DA	ITA				
	1. Indicate the type	of work or position f	or which you are applying						
4	2. Indicate the lowe	est annual entrance so	alary you will accept		3. Dates ava	ilable for e	mployment		
AT.		\$			Earliest:		Lates	h	
<u> </u>	4. Indicate your wil	lingness to travel		•	5. Indicate y	our willings	ess to accept assignment	ent in the foll	owing locations—check
Z	Occasionally	Other (S	pecify):		(X) each is	em applica	ble		
<u>o</u>	Frequently				Washingt	on, D.C.	Outside continenta	il U.S.	
SITION DATA	Constantly				Anywhere	in U.S.	Certain locations o	nly (Specify):	
O.	6. Indicate any resi	trictions you would plo	ace on assignments outside the W	ashington, D.C.	area				
d									
	/Ear 000 11	- 0-1-1			·				
	(For Office Us	e Uniy)					Date of	this app	lication
		•							
ORM	AAA USE PREV	Approve	d For Release 2002	2/01/08 : C	IA-RDP7	<u>9-0063</u>	2A00010007	0010-2	
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SECTION III Approved For R	Release 2002/8/14/98N	SHIP-RDP79-006	32A00010007	0010-2	
	(City, State, Country)		3. Present c	itizenship (Countr	y)
4. Citizenship Birth Marriage acquired by: Other (Specify):		5. Date naturalized	6. Naturali	zation certificate r	number
7. Court issuing naturalization certificate		8. Issued at (City, State	e, Country)		
9. If alien, give alien registration number		10. Date and place of a	arrival in U.S.		
11. Have you held previous nationality?		12. If yes, give name of	country		
11. Have you held previous nationality? Yes No 13. Give particulars concerning previous nationalities					
14. Last U.S. visa (Number, type, place of issue)		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		15. Date v	isa issued
SECTION IV	EDUCA				
	ELEMENTARY		V	(From — to —)	Graduate
Name of elementary school ,	Address (City, State, Cour	ntry)	rears allended	1 (FFOM 10)	Yes No
	HIGH SC	HOOLS			
1. Name of high school	Address (City, State, Cou	nfcy)	Years attended	d (From — to —)	Graduate Yes No
2. Name of high school	Address (City, State, Cou	ntry)	Years attende	d (From — to —)	Graduate Yes No
	COLLEGE OR UNI	VERSITY STUDY			
Name and location of college or university	Subject Major Mino	Years attended	-	or Grade o Point Average	Sem./Qtr.
1. Z					
EDUCATION 3.					
1 3.					
		at a table of	take about and briefly d	everibe its content	
4. If a graduate degree has been noted above which	ch required submission of a अर्गावना	tness, indicate the title of	The mess and briefly d	escribe in content	•
1.100	TRADE, COMMERCIAL ANI	SPECIALIZED SCHO	OLS		
Name and address of school		Study or specialization	From	То	No. of months
1.					
2.					
3.					
4. Approved For R	Release 2002/01/08 :	CIA-RDP79-006	324001007	0010-2	

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SEC	TION VI	Approved Eo	GRAPHIC ARB	02KNOWLEDGEA AR		33 20 20 20 20 1 1 1	007001	0-2		
				e traveled or gained kn lities, railroads, politic			ice, study o	r work assig	jnment. In	dicate
	1.		a of Specialized	Dates of Travel	Data	& Place	Know	ledge acqui	red by — Che	
DGE	Name of Regio or Country	n lyp	e of Specialized Knowledge	or Residence	l .	Study	Resi- dence	Travel	Study	Work Assign- ment
WLE EL										
KNOWLEDGE TRAVEL				-						
AREA REIGN										
IC A						97111				
APH ND R										
GEOGRAPHIC AND FOI										
GE	2. Indicate the purpose	e of visit, residence or tro	ivel in each of the reg	ions or countries listed abo	ve					
	3. United States Passp	ort Number & Expiration	Date, if issued							
SEC	CTION VII			AND STENOGRAP	HIC SKILLS					
<u>ن</u> 0	1. Typing (WPM)	2. Shorthand (WPM)	3. Indicate shorthand	d system used — check (X) a Speedwriting	ppropriate item: Stenotype	Other — Specify:				
/PING TENO	4. Indicate other busin	ness machines with which	you have had operatin	g experience or training (comptometer, mi		unch, etc.)			••
C S										
SE	CTION VIII		SPI	ECIAL QUALIFICAT	IONS					
	2. Indicate any specia	el qualifications resulting	from experience or tra	ining which might fit you fo	or a particular p	osition or type of	work.			
SPECIAL QUALIFICATIONS	3. Excluding business as operation of rad	equipment or machines v	which you may have li CW speed, sending &	sted in item 4, section VII, receiving), offset press, turi	list any special (et lathe, EDP ar	skills you possess od other scientific	relating to or & profession	ther equipme al devices.	ent and machi	ines such
IFICA		ve you ever been a licens cal technician, psychologi		of any trade or profession	such as pilot, e	lectrician, radio d	perator, tea	cher,	Yes No	, <u>.</u>
UAL		ed "Yes" to item 4 above gistry number, if known)	, indicate kind of licen	se or certification and the	issuing State, mu	nicipality, etc.	6. First Lie	cense/Certific	ate (year of	issue)
L Q							7. Latest	License/Certi	ficate (year o	of issue)
PECIA		published materials of wharticles, general interest		(do NOT submit copies unl tories, etc.)	ess requested).	Indicate the title,	publication o	date, and typ	e of writing (non-
-65										
	9. Indicate any device	es which you have invente	d and state whether o	r not they are patented.						·
	10. List public speaking	g and public relations ex	perience.						-	
	11. List any honorary a	associations or societies of	which you are now or	were formerly a member.	List academic h	onors you have re	ceived.			· · · · · · · · · · · · · · · ·
	. , , , , , , , , , , , , , , , , , , ,	Approved Fo	r Release 20	02/01/08 : CIA-F —— 4 ——	DP79-006	32A00010	007001	0-2	· · · · · · · · · · · · · · · · · · ·	

SECT	10	N X Approved For Release 2902101/108NTO	WSTRIP79-00632A0001000700)10-2								
		NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employme for all periods including casual employment and all periods of unemplo ment. List all civilian employment by a foreign government, regardles experience carefully and provide meaningful, objective statements.	nt for past 15-years, starting with current or yment. Give address and state what you di	most recent position. Account d during periods of unemploy-								
	1	l. Inclusive dates (From — to — by month & year)	2. Name of employing firm or agency									
	3	3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3									
		5. Kind of business	6. Name of supervisor									
(1) 7	7. Title of job	8. Salary or earnings 9. Class									
	10). Description of duties										
	11	. Reasons for leaving										
	1	. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency									
	3	B. Address (Number, Street, City, State, Country)	Indicate specific area or place of employment	if other than address noted in item 3								
4	5	5. Kind of business	6. Name of supervisor	☐ Male								
2 (2)	7	7. Title of job	8. Salary or earnings	9. Class; grade if Federal Service								
). Description of duties . Reasons for leaving										
	i	. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency									
	3	I. Address (Number, Street, City, State, Country)	Indicate specific area or place of employment	if other than address noted in item 3								
	5	5. Kind of business	6. Name of supervisor	☐ Male Female								
(3	7	7. Title of job	8. Salary or earnings	9. Class, grade if Federal Service								
	10	\$per										
	11	. Reasons for leaving										
	1	. Inclusive dates (From— to— by month & year)	2. Name of employing firm or agency									
(4)		3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3									
(+)		i. Kind of business	6. Name of supervisor									
	7	Approved For Release 2002/01/08 : C	A-RDP79-00632A0001000700	9. Class; grade if Federal Service								

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or finnes(s) soleton for districts are refrest. If marriage contemplated, Bit in appropriate information for financial. 3. None of upons 4. Since of upons Indicate diversables refresh from the financial propriate information for financial. 4. Since of upons there is no ever used by spouse Indicate diversables refresh for the financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate information for financial propriate			orare daily proces and rec		,							
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21. Occupation 22. Freeent employer (Also give former employer, or if spouse deceased or unemployed, give last two employers) 23. Employer's or business address (Number, Street, City, State, Country) 24. Dotes of military service (From — to — by month & year) 25. Brench of military service (From — to — by month & year) 27. Details of other government service, U.S. or foreign SECTION XII 1. Provide the following information for all children and dependents: Name Relationship Date & Place of Binth Citizenship Address 2. No. of children (include stepchildren & adapted children) who are unmarried, under 21 years of age, and are NOT self-supporting. 3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 30% of their support or children over 21 NOT self-supporting.	Ž	10	Current address (Give las	t address, if decea	sad)	<u> </u>	20. Address of s	pouse before m	arriage			
22. Employer's or business address (Number, Street, City, State, Country) 24. Dates of military service (From - to - by month & year) 25. Brench of military service (From - to - by month & year) 27. Details of other government service, U.S. or foreign SECTION XII CHILDREN AND OTHER DEPENDENTS 1. Provide the following information for all children and dependents: Name Relationship Date & Place of Birth Citizenship Address 21. No. of children (include stepchildren & adapted children) who are unmarried, under 21 years of age, and are NOT self-supporting.		17.	Correlli dudiess (Oire 10s	, 444,633, 11 44444	,							
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24. Dates of military service (from — to — by month & year) 25. Brench of military service 26. Country with which military service affiliated 27. Datails of other government service, U.S. or foreign 28. Children AND OTHER DEPENDENTS 1. Provide the following information for all children and dependents: Name Relationship Date & Place of Birth Childrenship Address Name Relationship Date & Place of Birth Childrenship Address 29. No. of children (include stepchildren & adepted children) who are unmarried, under 21 years of age, and are NOT self-supporting.												
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2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting.				ormation for all ch	ildren and							
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2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting. 3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting.										ļ		
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2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting. 3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting.												
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		_	A	opproved F	or Rel	ease 2002/0 <u>1</u>	<u>/08_g: CIA-RDP7</u>	9-00632/	100010	00700	10-2	

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2 SECTION XIII FATHER (Give same information for stepfather and/or guardian on a separate sheet) 1. Full name (Last-First-Middle) 2. State other names he has used Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information. 5. Living 3. Date of birth 4. Place of birth (City, State, Country) Yes No 8. Citizenship (Country) 6. Date of death 7. Cause of death 9. Former citizenship(s) [country(ies)] 10. Date U.S. citizenship acquired 11. Where acquired (City, State, Country) 13. If alien, give alien registration number 14. Date and place of arrival in U.S. 12. Naturalization certificate number 15. Current address (Give last address, if deceased) 17. Present employer (Give last employer if father deceased or unemployed) 16. Occupation 18. Employer's business address or father's business address if self-employed 21. Country with which affiliated 19. Dates of military service (From — to —) 20. Branch of military service 22. Details of other government service, U.S. or foreign MOTHER (Give same information for stepmother on a separate sheet) SECTION XIV 1. Full name (Last-First-Middle-Maiden) 2. State other names she has used Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information. 5. Living 3. Date of birth 4. Place of birth Yes No 8. Citizenship (Country) 7. Cause of death 6. Date of death 9. Former citizenship(s) [country(ies)] 10. Date U.S. citizenship acquired 11. Where acquired (City, State, Country) MOTHER 12. Naturalization certificate number 13. If alien, give alien registration number 14. Date and place of arrival in U.S. 15. Current address (Give last address, if deceased) 17. Present employer (Give last employer if mother deceased or unemployed) 16. Occupation 18. Employer's business address or mother's business address if self-employed 21. Country with which affiliated 19. Dates of military service (From - to -) 20. Branch of military service 22. Details of other government service, U.S. or foreign

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		1. Full name (Last—First—Mid	ldle — Maiden)		2. Relationship	3. Cit	izenship (Country)		
	(1)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Livi	ng Yes No		
		7. Present employer (Give last	employer if deceased or unemplo	y•d)					
		1. Full name (Last—First—Mid	dle — Maiden)		2. Relationship	3. Cit	izenship (Country)		
	(2)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Livi	ng Yes No		
		7. Present employer (Give last	employer if deceased or unemplo	yed)	8. Current address (Give last	address, if deceased)			
:RS		1. Full name (Last—First—Mid	ldle — Maiden)		2. Relationship	3. Cit	izenship (Country)		
SISTERS	(3)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Livi	ng Yes No		
AND		7. Present employer (Give last	employer if deceased or unemplo	yed)	8. Current address (Give last	address, if deceased)			
		1. Full name (Last—First—Mid	dle — Maiden)		2. Relationship	3. Cit	izenship (Country)		
BROTHERS	(4)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Livi	ng Yes No		
BR		7. Present employer (Give last	employer if deceased or unemplo	yed)	8. Current address (Give last address, if deceased)				
		1. Full name (Last—First—Mid	dle — Maiden)		2. Relationship	3. Cit	izenship (Country)		
	(5)	4. Date of birth	5. Place of birth (City,	State, Country)		6. Livi	ng Yes No		
		7. Present employer (Give last	employer if deceased or unemplo	yed)	8. Current address (Give last	address, if deceased)			
		1. Full name (Last—First—Mid	dle — Maiden)		2. Relationship	3. Cit	izenship (Country)		
	(6)	4. Date of birth	5. Place of birth (City,				ng Yes No		
			employer if deceased or unemplo		8. Current address (Give last address, if deceased)				
SEC	CTIC	ON XVI	ATHER-IN-LAW (If marric	ige contemple	ited, fill in information for fi	uture father-in-law)			
		Full name (Last—First—Middle)		•					
	2.	State other names he has used			***************************************				
,		Indicate circumstances (inci by what authority). Use ex	uding length of time) under w	hich any nam 15 and 16 of	es noted in item 2 above wer this form to record this info	re used. If legal chang ormation.	e, give particulars (where and		
FATHER-IN-LAW	3,	Date of birth	4. Place of birth				5. Living		
R-IN	6.	Date of death	7. Cause of death			· · · · · · · · · · · · · · · · · · ·	8. Citizenship (Country)		
ATHE	9.	Former citizenship(s) [country(ier	5)]	10. Date U.S. c	itizenship acquired	11. Where acquired (C	ity, State, Country)		
ı.	12.	Naturalization certificate numbe	er .	13. If alien, giv	e alien registration number	14. Date and place of	arrival in U.S.		
	15.	Occupation		16. Present emp	oloyer (Give last employer if fath	er-in-law deceased or un	employed)		
	17.	Current address (Give last addre	ess, if deceased)						
(For	Off	fice Use Only)							

SE	CTIC	N XVII M	OTHER-IN-I AW	(If marri	age contemple	ated, fill in Information	for future mother-in	.law)						
<u>J.</u>		Full name (Last — First — Middle -		(II INGITI	age comempi	area, m. m. momentus								
	2.	State other names she has used												
		Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.												
MOTHER-IN-LAW		Date of birth	4. Place of birth				5. Living Yes No							
R-IN	6.	Date of death	7. Cause of death					8. Citizenship (Country)						
)THE	9.	Former citizenship(s) [country(ie	rs)]		10. Date U.S.	citizenship acquired	11. Where acc	quired (City, State, Country)						
WC	12.	Naturalization certificate numb	er		13. If alien, g	ive alien registration numb	er 14. Date and	place of arrival in U.S.						
	15.	Occupation			16. Present en	nployer (Give last employer	if mother-in-law deced	used or unemployed)						
	17.	Current address (Give last add	ress, if deceased)											
SE	CTIC	ON XVIII				DOPTION WHO EITH								
	,	1. Name (Last – First – Middle				2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)						
	(1)	5. Citizenship (Country)		6. Add	dress or country	in which relative resides								
N N		7. Employed by		<u>l</u>		8. Frequency of contact		9. Date of last contact						
FOREIGN		1. Name (Last — First — Middle)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)						
ITH F	(2)	5. Citizenship (Country)		6. Add	dress or country	in which relative resides	<u> </u>							
/ES W		7. Employed by		<u>]</u>	8. Frequency of contact			9. Date of last contact						
RELATIVES		1. Name (Last — First — Middle)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)						
R	(3)	5. Citizenship (Country)		6. Add	dress or country	in which relative resides								
		7. Employed by		1	8. Frequency of contact			9. Date of last contact						
SI	ECTI	ON XIX RELAT	TIVES BY BLOOD, A			 PTION WHO ARE IN E UNITED STATES	THE MILITARY O	R CIVIL						
		1. Name (Last — First — Middle)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)						
ICE	(1)	5. Citizenship (Country)	6. Addre	ss (Numb	er, Street, City,	State, Country)	7. Type and loca	tion of service (If known)						
SERVIC						T = 2 + 1								
岩田		1. Name (Last — First — Middle				2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)						
IVES IN THE	(2)	5. Citizenship (Country)	6. Addre	ess (Numb	oer, Street, City,	State, Country)	7. Type and loca	ion of service (If known)						
ATIVE		1. Name (Last — First — Middle	e)			2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)						
RE	(3)	5. Citizenship (Country)	6. Addre	oss (Numb	per, Street, City,	State, Country)	7. Type and loca	cation of service (If known)						
(5														
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SEC	CTION XX Approved	Α¥	lef	LASES2OU2RES/DENICE/ACRITMESPO	86325 A VDONS 00700)10-2	
	Include addresses while at school and in m location by city, state, and country.	ilitar	y ser	vice. If residences in military service cannot be shown	as street addresses, indicate co	omplete military unit des	ignation and
	Address	last	resid	ence first (number, street, city, state, country)		Inclusive dates (mo	nth & year)
					,	From — T	>-
CES							
RESIDENCES							
RES					·		
			,				
SEC	CTION XXI			REFERENCES		LL	
			1. L	st five character references (not relatives) in the U.S.	who know you well		
	Name (Last – First – Middle)	.ast — First — Middle) Sex		Business Address	Residence A	ddress	Length of Time Known (in yrs)
		-	M F			Acceptance of the State of the	
			M	:		.	
			м		**************************************		
			F M				
ES			F M				
ENC	2. List five persons in the U.S. who know	(01.3	F	ly (not relatives, supervisors or employers). If you ha	tive resided overseas at any time	no during the great 15 year	Transition of the
REFERENCES	persons listed (if possible) should be in	divid	vals	who knew you overseas.			1
8	Name (Last — First — Middle)	S	ex	Business Address	Residence A	ddress	Length of Time Known (in yrs)
			F				
			M F				1
			M F				
			M F				
			м				

SEC	NOTE: List names and addresses of all clubs, societ have belonged (include membership in, or supp	ties, professional societion of one of the port of, any organization	es, employee groups or organizations having headquarters or branch in a	of any kind to which foreign country).	h you belong or
-		.,	lumber, Street, City, State, Country)		f membership
	Name and chapter	Address (N	Uniber, Street, City, State, Cosmity,	(From)	(То)
ONS					
IZATI					
ORGANIZATIONS					
Q					
SEC	TION XXIII	FINANCIAL	STATUS		
	Are you entirely dependent on your salary?	Yes No	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		
	2. If your answer is "NO" to the above, state sources of other				
		3. Credit references (banki	ng institutions, charge accounts, etc.)	ity, State, Country)	
	Name of Institution		Address (CI	ry, state, County)	
S					
TATU					
IAL S					
FINANCIAL STATUS	 Have you ever been in, or petitioned for, bankruptcy? If your answer is "YES" to the above, give particulars, inc 	Yes No			
ш	6. Do you receive an annuity from the United States or Distri	ict of Columbia Government	under any retirement act, pension, or comp	ensation for military or	naval service?
	7. If your answer is "YES" to the above question, give compl	ete details			
	8. Do you have any financial interest in, or official connectinterests? Yes No (If answer is	ions with, non-U.S. corporat "YES", furnish details in sp	tions or businesses or with U.S. corporations ace below—Continue on separate sheet, if n	or businesses having su ecessary)	bstantial foreign
SE	CTION XXIV	PERSONAL DEC	CLARATIONS		
AL ONS	Do you advocate or have you ever advocated, or are you with any political party, individual or organization which violence, or other unconstitutional means, or seeks by for	h advocates or teaches the c	overthrown of the government of the United	orares by force,	Yes No
SONAL ARATIO	2. If you have answered "YES" to the question above, expla	ain.			
PER DECLA					
	Approved For Releas	se 2002/01/08 : (CIA-RDP79-00632A000100	070010-2	

		Approved For RelESSONAL REFARATION REFORM 2A000100070010-2							
	3. Do you use or have	you "	Yes						
	ever used intoxicant	' ^{''}	No	No					
	5. Do you use or have	you [Yes	6. If so, to what extent?	·				
	ever used narcotics?		N₀						
	7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details:								
	☐ No								
	8. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.								
PERSONAL DECLARATIONS	c. as me names of Covernment departments, agencies of omices to which you have appried for employment since 1733.								
	9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.								
ぴ	N . C . II								
L DE	Instructions	Note Special If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.							
SONA	10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfelted collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date nature of offense, and disposition of case in accordance with special instructions above.								
PER	11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above.								
	12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.								
	13. Have you ever been	dismissed or asked	to resign fro	om any position? Yes No	· · · · · · · · · · · · · · · · · · ·				
			-						
		Have you left a position under circumstances which you desire to explain? Yes No 14. If your answer to either or both questions in item 13 above is "Yes," give details.							
SEC	CTION XXV		PERSOI	NS TO BE NOTIFIED IN CASE	OF EMERGENCY				
	1. Name (Last – First –	Middle)	2. Relationship						
CΥ	3. Home address (Num	ber, Street, City, Sto	ate, ZIP Cod	•)	4. Home telephone number				
EMERGENCY	5. Business address (N	umber, Street, City,	State, ZIP C	pplicable 6. Business telephone number & extension					
EM	7. In case of emergency, other close relatives (spouse, mother, father) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.								
	please laentity the		tified and th	ne reuson.					
C=			tified and th						
SE	CTION XXVI			CERTIFICATION					
SE		YOU ARE		CERTIFICATION	TATEMENT MADE IN THIS APPLICATION ATED				
	CTION XXVI I have read and a that any misstate	onderstand the insement or omission	INFORME	CERTIFICATION THAT THE ACCURACY OF ANY S WILL BE INVESTIGATION I certify that the foregoing answers are	ATED true and correct to the best of my knowledge and belief. I agree jection of my application or for immediate dismissal if employed.				
	CTION XXVI I have read and a that any misstate	onderstand the insement or omission	INFORME	CERTIFICATION TO THAT THE ACCURACY OF ANY S WILL BE INVESTIGATE I certify that the foregoing answers are terial fact will constitute grounds for re-	ATED True and correct to the best of my knowledge and belief. I agree jection of my application or for immediate dismissal if employed. (U.S. Code, Title 18, Section 1001).				
CERTIFICATION	CTION XXVI I have read and that any misstate I also understand	understand the ins ement or omission I that any false st	INFORME	CERTIFICATION ED THAT THE ACCURACY OF ANY S WILL BE INVESTIGA I certify that the foregoing answers are rerial fact will constitute grounds for re nade herein may be punishable by law 2. Signature	ATED True and correct to the best of my knowledge and belief. I agree jection of my application or for immediate dismissal if employed. (U.S. Code, Title 18, Section 1001).				

Use the following space for extra details. at the end of the material. If additional space	Reference each continued item by the section and item number to which it relates and sign your name is required beyond page 16, use extra pages the same size as this page and sign each such page.
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	PERSONAL HIS'	TORY SUMI	MARY					
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		1 5 5 . (1) 1	3. Place of birth					
ant	1. Full name (Last – First – Middle)	2. 5416 5. 5777						
Applicant	4. Other names used (Including maiden name) (Last – First – Middle)	5. Citizenship (if naturalized, indicate date & place of naturalization & certificate no.)						
SO	6. Name of spouse (Last — First — Middle — Maiden)	7. Date of birth 8. Place of birth (spouse)						
tal Status	9. Date & place of marriage	10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)						
Marital	11. Former spouse(s) — full name(s)	12. If divorced, date & pla						
	13. Complete following for high school; trade, commercial & specialized schools (E	xclude military training); colle	ges & universities:					
	Dates attended (From — To —) Name & address of school		Degree received Major sub	эрөст				
Education								
Ec								
	14. Complete following for last three employment positions or last two years—beg	in with most recent or current	position:					
	Dates employed (From — To —) Name & address of employer	Employer's complete business address						
Employment								
	Leaf and down for pret two years	- begin with most recent or o	regin with most recent or current address:					
	15. Record last three places of residence or places of residence for past two years—begin with most recent or current address: Dates resided (From — To —) Complete address (Number, Street, City, State)							
Residences	Dates resided (From — To —) Complete address (Number, Street, City,							
	16. Military service organization (Army, Navy, etc.— specify) 17. Serial number	18. Rank, gr	ade or rate 19. Dates of service (Fra	Dates of service (From — To —)				
Military	20. Military service organization (Army, Navy, etc.— specify) 21. Serial number	22. Rank, gi	rade or rate 23. Dates of service (Fr	23. Dates of service (From — To —)				
	24. Father's full name (Last – First – Middle)	25. Date of birth	26. Place of birth (Fother)	of birth (Fother)				
	27. Father's current address (Number, Street, City, State)	28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.) 30. Date of birth 31. Place of birth (Mother) 33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)						
Paronte	29. Mother's full name (Last — First — Middle — Maiden)							
٥	32. Mother's current address (Number, Street, City, State)							

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

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Abraham Lincoln Brigade
Abraham Lincoln School, Chicago, Illinois
Action Committee to Free Spain Now
Alabama People's Educational Association (see Communist Politi-
 cal Association)
American Association for Reconstruction in Yugoslavia, Inc.
American Branch of the Federation of Greek Maritime Unions
American Christian Nationalist Party
American Committee for European Workers' Relief (see Socialist
  Workers Party)
American Committee for Protection of Foreign Born
American Committee for Spanish Freedom
American Committee for the Settlement of Jews in Birobidjan, Inc.
American Committee for Yugoslav Relief, Inc.
American Committee to Survey Labor Conditions in Europe
American Council for a Democratic Greece, formerly known as the
  Greek American Council; Greek American Committee for Na-
  tional Unity
American Council on Soviet Relations
American Croatian Congress
American Jewish Labor Council
American League Against War and Fascism
American League for Peace and Democracy
American National Labor Party
American National Socialist League
American National Socialist Party
American Nationalist Party
American Patriots, Inc.
American Peace Crusade
American Peace Mobilization
 American Poles for Peace
American Polish Labor Council
 American Polish League
 American Rescue Ship Mission (a project of the United American
   Spanish Aid Committee)
 American-Russian Fraternal Society
 American Russian Institute, New York, also known as the Ameri-
   can Russian Institute for Cultural Relations with the Soviet
 American Russian Institute, Philadelphia
 American Russian Institute of San Francisco
 American Russian Institute of Southern California, Los Angeles
 American Slav Congress
 American Women for Peace
 American Youth Congress
 American Youth for Democracy
 Armenian Progressive League of America
 Associated Klans of America
 Association of Georgia Klans
 Association of German Nationals (Reichsdeutsche Vereinigung)
 Ausland-Organization der NSDAP, Overseas Branch of Nazi Party
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Boston School for Marxist Studies, Boston, Massachusetts
Bridges-Robertson-Schmidt Defense Committee
Bulgarian American People's League of the United States of
  America
California Emergency Defense Committee
California Labor School, Inc., 321 Divisadero Street, San Francisco,
 California
Carpatho-Russian People's Society
Central Council of American Women of Croatian Descent, also
  known as Central Council of American Croatian Women, Na-
  tional Council of Croatian Women
Central Japanese Association (Beikoku Chuo Nipponjin Kai)
Central Japanese Association of Southern California
Central Organization of the German-American National Alliance
  (Deutsche-Amerikanische Einheitsfront)
Cervantes Fraternal Society
China Welfare Appeal, Inc.
Chopin Cultural Center
 Citizens Committee for Harry Bridges
Citizens Committee of the Upper West Side (New York City)
 Citizens Committee to Free Earl Browder
 Citizens Emergency Defense Conference
 Citizens Protective League
 Civil Liberties Sponsoring Committee of Pittsburgh
 Civil Rights Congress and its affiliated organizations, including:
    Civil Rights Congress for Texas
    Veterans Against Discrimination of Civil Rights Congress of
      New York
 Civil Rights Congress for Texas (see Civil Rights Congress)
 Columbians
 Comite Coordinador Pro Republica Espanola
 Comite Pro Derechos Civiles
   (See Puerto Rican Comite Pro Libertades Civiles)
 Committee for a Democratic Far Eastern Policy
 Committee for Constitutional and Political Freedom
 Committee for Nationalist Action
 Committee for Peace and Brotherhood Festival in Philadelphia
 Committee for the Defense of the Pittsburgh Six
 Committee for the Negro in the Arts
 Committee for the Protection of the Bill of Rights
 Committee for World Youth Friendship and Cultural Exchange
 Committee to Abolish Discrimination in Maryland
   (See Congress Against Discrimination; Maryland Congress
     Against Discrimination; Provisional Committee to Abolish
     Discrimination in the State of Maryland)
 Committee to Aid the Fighting South
 Committee to Defend Marie Richardson
 Committee to Defend the Rights and Freedom of Pittsburgh's
   Political Prisoners
  Committee to Uphold the Bill of Rights
  Commonwealth College, Mena, Arkansas
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Communist Party, U. S. A., its subdivisions, subsidiaries, and

Benjamin Davis Freedom Committee

Baltimore Forum

Black Dragon Society

affiliates

Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:

Alabama People's Educational Association

Florida Press and Educational League Oklahoma League for Political Education

People's Educational and Press Association of Texas

Virginia League for People's Education

Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)

Congress of American Revolutionary Writers

Congress of American Women

Congress of the Unemployed

Connecticut Committee to Aid Victims of the Smith Act

Connecticut State Youth Conference

Council for Jobs, Relief and Housing

Council for Pan-American Democracy

Council of Greek Americans

Council on African Affairs

Croatian Benevolent Fraternity

Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)

Daily Worker Press Club

Daniels Defense Committee

Dante Alighieri Society (between 1935 and 1940)

Dennis Defense Committee

Detroit Youth Assembly

East Bay Peace Committee

Elsinore Progressive League

Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)

Everybody's Committee to Outlaw War

Families of the Baltimore Smith Act Victims

Families of the Smith Act Victims

Federation of Italian War Veterans in the U.S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)

Finnish-American Mutual Aid Society

Florida Press and Educational League (see Communist Political Association)

Frederick Douglass Educational Center

Freedom Stage, Inc.

Friends of the New Germany (Freunde des Neuen Deutschlands)

Friends of the Soviet Union

Garibaldi American Fraternal Society

George Washington Carver School, New York City

German-American Bund (Amerikadeutscher Volksbund)

German-American Republican League

German-American Vocational League (Deutsche-Amerikanische Beruisgemeinschaft)

Guardian Club

Harlem Trade Union Council

Hawaii Civil Liberties Committee

Heimusha Kai, also known as Nokubei Heieki Gimusha Kai, Zaibel Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese Residing in America Military Conscripts Association)

Hellenic-American Brotherhood

Hinode Kai (Imperial Japanese Reservists)

Hinomaru Kai (Rising Sun Flag Society—a group of Japanese War Veterans)

Hokubei Zaigo Shoke Dan (North American Reserve Officers Association)

Hollywood Writers Mobilization for Defense

Hungarian-American Council for Democracy

Hungarian Brotherhood

Idaho Pension Union

Independent Party (Seattle, Washington)

(See Independent People's Party)

Independent People's Party

(See Independent Party)

Industrial Workers of the World

International Labor Defense

International Workers Order, its subdivisions, subsidiaries and affiliates

Japanese Association of America

Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)

Japanese Overseas Convention, Tokyo, Japan, 1940

Japanese Protective Association (Recruiting Organization)

Jefferson School of Social Science, New York City

Jewish Culture Society

Jewish People's Committee

Jewish People's Fraternal Order

Jikyoku Iinkai (The Committee for the Crisis)

Johnson-Forest Group

(See Johnsonites)

Johnsonites.

(See Johnson-Forest Group)

Joint Anti-Fascist Refugee Committee

Joint Council of Progressive Italian-Americans, Inc.

Joseph Wedemeyer School of Social Science, St. Louis, Missouri

Kibel Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)

Knights of the White Camellia Ku Klux Klan

Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft)

Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)

Labor Council for Negro Rights

Labor Research Association, Inc.

Labor Youth League

League for Common Sense League of American Writers

Lictor Society (Italian Black Shirts)

Macedonian-American People's League

Mario Morgantini Circle

Maritime Labor Committee to Defend Al Lannon

Maryland Congress Against Discrimination

(See Committee to Abolish Discrimination in Maryland)

Massachusetts Committee for the Bill of Rights

Massachusetts Minute Women for Peace (not connected with the

Minute Women of the U.S. A., Inc.) Maurice Braverman Defense Committee

Michigan Civil Rights Federation

Michigan Council for Peace

Michigan School of Social Science

Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)

National Association of Mexican Americans (also known as Asociacion Nacional Mexico-Americana)

National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)

National Committee for Freedom of the Press

National Committee for the Defense of Political Prisoners

National Committee to Win Amnesty for Smith Act Victims

National Committee to Win the Peace

National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)

National Council of Americans of Croatian Descent

National Council of American-Soviet Friendship

National Federation for Constitutional Liberties

National Labor Conference for Peace National Negro Congress

National Negro Labor Council

Nationalist Action League

Nationalist Party of Puerto Rico
Nature Friends of America (since 1935)
Negro Labor Victory Committee
New Committee for Publications
Nichibei Kogyo Kaisha (The Great Fujii Theatre)
North American Committee to Aid Spanish Democracy
North American Spanish Aid Committee
North Philadelphia Forum
Northwest Japanese Association

Ohio School of Social Sciences
Oklahoma Committee to Defend Political Prisoners
Oklahoma League for Political Education (see Communist Political Association)
Original Southern Klans, Incorporated

Pacific Northwest Labor School, Seattle, Washington Palo Alto Peace Club Partido del Pueblo of Panama (operating in the Canal Zone) Peace Information Center Peace Movement of Ethiopia

Peace Movement of Ethiopia People's Drama, Inc.

People's Educational and Press Association of Texas (see Communist Political Association)

People's Educational Association (incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School

People's Institute of Applied Religion
People's Programs (Seattle, Washington)
People's Radio Foundation, Inc.
People's Rights Party
Philodelphia Labor Committee for Negro I

Philadelphia Labor Committee for Negro Rights Philadelphia School of Social Science and Art Photo League (New York City)

Pittsburgh Arts Club

Political Prisoners' Welfare Committee

Polonia Society of the IWO

Progressive German-Americans, also known as Progressive German-Americans of Chicago

Proletarian Party of America

Protestant War Veterans of the United States, Inc.

Provisional Committee of Citizens for Peace, Southwest Area

Provisional Committee on Latin American Affairs

Provisional Committee to Abolish Discrimination in the State of Maryland

(See Committee to Abolish Discrimination in Maryland)
Puerto Rican Comite Pro Libertades Civiles (CLC)
(See Comite Pro Derechos Civiles)

Puertorriquenos Unidos (Puerto Ricans United)

Quad City Committee for Peace Queensbridge Tenants League

Revolutionary Workers League Romanian-American Fraternal Society Russian American Society, Inc.

Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War)
Samuel Adams School, Boston, Massachusetts

Santa Barbara Peace Forum Schappes Defense Committee Schneiderman-Darcy Defense Committee School of Jewish Studies, New York City Seattle Labor School, Seattle, Washington Serbian-American Fraternal Society Serbian Vidovdan Council Shinto Temples (limited to State Shinto abolished in 1945) Silver Shirt Legion of America Slavic Council of Southern California Slovak Workers Society Slovenian-American National Council Socialist Workers Party, including American Committee for European Workers' Relief Sokoku Kai (Fatherland Society) Southern Negro Youth Congress Suiko Sha (Reserve Officers Association, Los Angeles) Syracuse Women for Peace

Tom Paine School of Social Science, Philadelphia, Pennsylvania
Tom Paine School of Westchester, New York
Trade Union Committee for Peace
(See Trade Unionists for Peace)
Trade Unionists for Peace
(See Trade Unionists for Peace)

Tri-State Negro Trade Union Council

Ukrainian-American Fraternal Union
Union of American Croatians
Union of New York Veterans
United American Spanish Aid Committee
United Committee of Jewish Societies and Landsmanschaft Federations, also known as Coordination Committee of Jewish
Landsmanschaften and Fraternal Organizations
United Committee of South Slavic Americans
United Defense Council of Southern California
United Harlem Tenants and Consumers Organization
United May Day Committee
United Negro and Allied Veterans of America

Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress)
Veterans of the Abraham Lincoln Brigade
Virginia League for People's Education (see Communist Political Association)
Voice of Freedom Committee

Walt Whitman School of Social Science, Newark, New Jersey Washington Bookshop Association
Washington Committee for Democratic Action
Washington Committee to Defend the Bill of Rights
Washington Commowealth Federation
Washington Pension Union
Wisconsin Conference on Social Legislation
Workers Alliance (since April 1936)

Yiddisher Kultur Farband Young Communist League Yugoslav-American Cooperative Home, Inc. Yugoslav Seamen's Club, Inc.

CERTIFICATION

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

INSTRUCTIONS

For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.

If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.

In exceptions concerning relatives, include only such information presently known to you or available from your own records.

If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.

REMARKS: To be completed by Spouse	REMARKS: To be completed by Applicant or Employee
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